Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 1, 2023, to Sep 30, 2024 (Q3 to the end of the following Q2)	33.80	21.17	To be at or below provincial average	

Change Ideas

Change Idea #1 To reduce the number of ED transfers by implementing in-house treatments such as IVs and G-tube care.

Methods	Process measures	Target for process measure	Comments
PCC ED transfers report will be tracked and trends analyzed. Residents who have 2 or more transfers will be discussed with the interdisciplinary team to find areas for improvement.	Track number of interdisciplinary meetings regarding avoidable transfers to ED. Percentage of residents at high risk for an ED visit who had a change in condition documented on shift report in 24 hours prior to ED visit (high risk residents are defined as those admitted to the LTC Home within the last 30 days, readmitted to the LTC Home from an ED visit or hospitalization within the last 30 days, those residents who have experienced a change in medication, treatment, plan or significant change in condition as per RAI/MDS within the last 7 days). Track number of avoidable transfers to ED.	10% reduction in avoidable ED transfers by December 2025.	

Change Idea #2 Reduce number of falls resulting in ED transfer

Methods	Process measures	Target for process measure	Comments
Reassigning toileting time with more resident-centered specificity to prevent residents from agitating to be toileted and possibly falling	Number of residents who were toileted on or before their toileting time.	100% of residents will be toileted at or before their toileting time.	

Change Idea #3 Include risk status and family/resident preferences related to ED transfers into discussion at all care conferences on admission, annually and ad hoc.

Methods	Process measures	Target for process measure	Comments
The aim of Henley House ED utilization improvement team is to decrease the necessity for ED visits experienced by any residents by 10% by December 2025.	Ensure resident and family preferences are discussed at 80% of care conferences in 2025.	80% of residents will have their preferences related to risk status and ED transfers discussed at care conferences this year.	Goal to reduce avoidable ED transfers through open communication with residents and families regarding wishes.

Equity

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	82.22	100.00	Henley House requirement to have all staff trained in this area.	

Change Ideas

Change Idea #1 New hires will receive DEI training

Methods	Process measures	Target for process measure	Comments
Standardized DEI training courses will be developed and rolled out using RELIAS training platform	The number of hires will match the number of training sessions completed in DEI. 100% of new hires will complete their DEI training by the end of their general orientation.	100% of all new hires will complete DEI education in RELIAS upon orientation/hire.	Total LTCH Beds: 160

Change Idea #2 Existing staff will receive DEI education

Methods	Process measures	Target for process measure	Comments
Staff will be trained in DEI using RELIAS education platform	DEI education will be added to annual courses for all existing staff for the year 2025.	100% of staff hired prior to 2025 will complete DEI education by December 2025. 204 staff = 51 staff per quarter.	

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	9.38	100.00	To provide a more open and supportive environment for the residents	

Change Ideas

Change Idea #1 To reduce the number of staff to resident or resident to staff incidents

Methods	Process measures	Target for process measure	Comments
GPA, Pieces, Mandatory abuse & neglect RELIAS training	1)the number of reported staff to resident and resident to staff incidents	1)0 incidents. 2) Increasing the number of staff who are GPA trained from 15 to 100 in 2025.	Total Surveys Initiated: 160 Total LTCH Beds: 160

Change Idea #2 Provide orientation to all staff regarding customer service and residents bill of rights, zero tolerance of abuse and neglect

Methods	Process measures	Target for process measure	Comments
Online training through RELIAS	Percentage of staff completing customer service and residents bill of rights. Percentage of reduction in complaints/CIs related to Abuse and neglect	100% of the staff completing customer service and residents bill of rights. 0% of complaints/CIs related to abuse and neglect	

Change Idea #3 To encourage participation in survey for capable residents, survey will be provided at care conferences.			
Methods	Process measures	Target for process measure	Comments
Surveys will be provided to all capable residents at their care conference.	The number of care conferences held will match the number of surveys provided.	50% of all surveys provided will be answered.	

Change Idea #4 Discuss at resident council meetings			
Methods	Process measures	Target for process measure	Comments
Suggest as standing topic at each resident council meeting.	Review meeting minutes to confirm if question was asked and if question was answered.	100% of resident council meetings held will have the question asked and answered.	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	18.13	20.00	Goal this year is to improve from last years response rate	

Change Ideas

Change Idea #1 To reduce the number of staff to resident or resident to staff incidents			
Methods	Process measures	Target for process measure	Comments
GPA, Pieces, Mandatory abuse & neglect RELIAS training	1)the number of reported staff to resident and resident to staff incidents	1)0 incidents. 2) Increasing the number of staff who are GPA trained from 15 to 100 in 2025.	Total Surveys Initiated: 160 Total LTCH Beds: 160

Change Idea #2 Increase rate of participation in survey			
Methods	Process measures	Target for process measure	Comments
Offer to discuss at residents' council the benefit of completing this question in the survey	Review resident council minutes	10% more responses to this question on the survey will be answered positively.	Due to the low response rate from late year our goal is to improve to an achievable goal.

Change Idea #3 Provide residents with education on how to advocate for themselves			
Methods	Process measures	Target for process measure	Comments
develop self-advocacy tools/discussions/worksheets for residents	Utilization of survey	10% more residents will respond positively to this statement in the survey than last year.	

Safety

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	21.19	18.33	To be consistent with provincial average	

Change Ideas

Change Idea #1 Reduce number of falls due to residents attempting to self-toilet

Methods	Process measures	Target for process measure	Comments
Reassigning toileting time with more resident-centered specificity to prevent residents from agitating to be toileted and possibly falling	Number of residents who were toileted on or before their toileting time.	100% of residents will be toileted at or before their toileting time.	

Change Idea #2 Implementation of PSW teams

Methods	Process measures	Target for process measure	Comments
Assign 2 PSWs to a team to ensure fall prevention tasks are completed	Training on PSW teams will be completed and implementation on floors will be rolled out one home area per month	Training completed by May 31st, 2025, and by August 31st, 1st floor implementation will be completed, by November 30th implementation will be completed on second floor.	

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	30.83	20.40	To be at or below provincial average	

Change Ideas

Change Idea #1 To improve the number of residents receiving antipsychotics without a diagnosis of psychosis

Methods	Process measures	Target for process measure	Comments
Drill through to see which residents trigger, work with physician and pharmacist to change residents triggered without a diagnosis	1)Pharmacist provides recommendation for reduction or removal of antipsychotic medication. 2) Nursing assesses the effectiveness of medication change before and after removal.	Reduce the number of residents receiving antipsychotics without a diagnosis by at least 2 each month with a goal of 18 in 2025.	

Change Idea #2	Continue to utilize community resources such as PRC, TRC NBNP team to identify schizoaffective disorder symptoms and manage responsive behaviors		
Methods	Process measures	Target for process measure	Comments
To educate the care providers to observe and document the symptoms of schizoaffective disorder in order to review if the residents with responsive behaviors to PRC, TRC, NBNP team to try other interventions to manage responsive behaviors	Percentage of residents referred to community resources to manage responsive behaviors. Percentage of staff trained on identifying the symptoms of schizoaffective disorder.	All new move in residents with antipsychotic use without the diagnosis of psychosis will be referred to community resources for further interventions to manage responsive behaviors.	